

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application

Inventors: James Owen *et al.*

Appln. No.: 10/618,513

Confirm. No.: 6597

Filed: July 11, 2003

Title: FEDERATED MANAGEMENT OF CONTENT
REPOSITORIES

PATENT APPLICATION

Art Unit: 2136

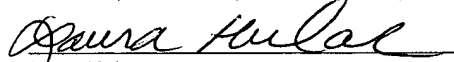
Examiner: P. Parthasarathy

Customer No. 23910



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Laura Hulac

Signature Date: June 6, 2005

RESPONSE TO FINAL OFFICE ACTION

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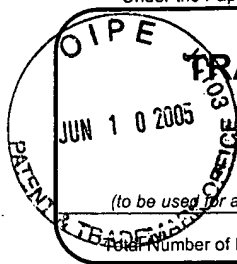
This Response is made in reply to the Final Office Action dated April 5, 2005

AP IFW

PTO/SB/21 (09-04)

Approved for use through 07/31/2005. OMB 0651-0031
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TRANSMITTAL FORM

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Application Number	10/618,513
Filing Date	7/11/2003
First Named Inventor	James Owen
Art Unit	2136
Examiner Name	P. Parthasarathy
Attorney Docket Number	BEAS-01360US1

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <p>Reply to office Action Dated 4/5/05</p> <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard;
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Fliesler Meyer LLP			Customer No. 23910
Signature				
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